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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Rubin) Confirmation No:
Serial No.: 10/518,109) Group Art Unit:
Filed: October 12, 2004) Examiner:
For: Medical Device for Intra-Luminal)
Delivery of Pharmaceutical Agents)

POWER OF ATTORNEY

I (We) hereby revoke all previous powers of attorney given in the above-identified application, and hereby appoint the practitioners associated with Customer Number 50446.

Please change the correspondence address for the above-identified application to the address associated with Customer Number 50446.

I am/We are the Applicant(s)/Inventor(s).

Stuhlin MD 3/19/08

Leo Rubin

Date